PTOSBOCHIZON Approved for use though 1/1 irroot ONB ONI -0035

U.S. Palett and Indomer's Office; U.S. DEPARTMENT OF COMERCE **Under the Persentent Reduction Act of 1996** od is a chieston of internation univer a factorie a rade Chila control critical in ION RECORD

Application of Cocket Number (1977) 18 5 2 6 PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 . Effective December 8: 2004 APPLICATION AS FILED - PARTI. OTHER THAN (Cotumn 1) SMALL ENTITY OR SMALL ENTITY HULLSER FLED HUMBER EXTRA BATE (II) BASICIEE BATE (I) PÉRM MA SEARCHFEE NIA HA 150.00 КIA 200.00 MA . Us Ceat self Halall NZA NIA \$250. NiA \$600 EXAMINATION FE : N/A . . - 900 (37 CFR 1 (4) 4 (4) 4 (4) \$100 NIA \$200 TOTAL GLADAS trenes 20 • X\$ 25 X\$50 thospend gland OR (37 CFR 1 SERV) X100 X200 il the specification and drawings expeed 100 sheets of paper, the application size to due in 1250 (1128 for small entity) for each additional 50 sheets or facilian thereof. See APPLICATION SIZE FEE 137 OFR 1 19(8) 35 U.S.O. 41(a)(1)(G) and 37 CFR 1;16(s). MULTIPLE DEPENDENT CLAIM PRÉSENT DI CFR'I (MI + 160-436Qa ' If the difference in column 1 is fess then yers, enter 'O' in column 2. TOTAL TOTAL APPUCATION AS AMENDED - PART II. OTHER THAN (Column 2) · (Column 2): OR SMALL ENTITY CCULLE BMALL ENTITY COLES HUMBER PRÉVIOUSLY Present Extra RATEGI ADDI-TIONAL FEE (1) MIEGI APTER ADDI: PAID FOR FEEG or crocks X\$ 25 X\$50 OR X100 X200 OR Application Size Fée (37 CFR 1.16(s)) FREI PRESENTATION OF MATTELE GEPENCION CLANG (ST CTR 1.140) +180+ +360+ : TOTAL ADD'L FEE MICH ADO'L FEE CLAIMS (Cotumn 2) REMANING. 8 HUMBER PRESENT RATE (\$) ADDI-TIONAL PEE-GI RATE (\$) ADOI-TIONAL FEE (II) REVIOUSLY PAID FOR EXTRA ENDWENT Total 20 X\$ 25 XISO OR ઉ. X100 X200. Application Sty F44 (PT CFR 1.100)) FIRST PRESENTATION OF MAJERUE DEPENDENT CLAIM (AT CPA 1.14Q) 4180a +360e ok TOTAL' ADD'L ME . If the eating in solumn 1 is less than the entry in column 2, write "V in column 3.

"If the Afghest Number Previously Paid For at 1149 appace to hiss than 20, enter 20".

"If the Afghest Number Previously Paid For at 1149 appace to hiss than 2, enter 20".

The Nighted Number Previously Paid For (Total or Indocendant) is the Risest summer found in the appropriate box in column 1.

If colidates of information is required by 37 CFR 1.14. The Information is required to obtain or minin a benefit by the public which is to file fand by the PDO to phosest) an application. Contributing the bommer by 35 U.S.O. 122 and 37 CFR 1.14. This colorates be estimated to take 12 minutes to complete, and generally appeared in the colorates and application form is the UPPIO. Three will visit depending upon the individual class. Any commission the directed of time year sequise to complete this form and/or suppredices for reducing this bender, should be cent to the Chief information Offices, U.S. Period 1 Tradematic Office, U.S. Peperiod Office, U.S. Period 2 Tradematic Office, U.S. Period ADDL FEE OR

if you need essistance in complaint the form, out 1-800:P TO-9189 and estect option 2

Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003 **CLAIMS AS FILED - PART I** SMALL ENTITY OTHER THAN (Column 1) TYPE ___ (Column 2) OR SMALL ENTITY **TOTAL CLAIMS** RATE FEE RATE FEE FOR **BASIC FEE** BASIC FEE \$750 \$375 **NUMBER FILED** NUMBER EXTRA OR TOTAL CHARGEABLE CLAIMS minus 20= X\$ 9= X\$18= OR INDEPENDENT CLAIMS minus 3 = X42= X84= OR MULTIPLE DEPENDENT CLAIM PRESENT +140= +280= OR * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL **CLAIMS AS AMENDED - PART II** OTHER THAN SMALL ENTITY OR SMALL ENTITY (Column 1) (Column 3) (Column 2) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT TIONAL RATE RATE TIONAL AFTER **PREVIOUSLY EXTRA** FEE **AMENDMENT** PAID FOR FEE 20 Minus X\$18= Total X\$ 9= OR Minus Independent X42= X84= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +280= +140= OR

		(Column 1)		(Column 2)	(Column 3)
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

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	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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I	X42=	·	OR-	X84=	
	+140=		OR	+280=	·
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OR ADDIT. FEE

TOTAL

ADDIT. FEE

		(Column 1)		(Column 2)	(Column 3)	
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
AMENDMENT	Total .	*	Minus	**	=	
Ä	Independent	*	Minus	***	=	
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RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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^{***}If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.